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ABSTRACT

This resource manual contains the goals, evaluation design, evaluation results, and complete description of a program developed for schoolage parents in the New Brunswick, New Jersey public schools. The project was validated in 1973 by the standards and guidelines of the U.S. Office of Education and found to be successful, innovative, cost-effective, and exportable. The program provides educational, nutritional, and health care services for the pregnant student while she is attending public school. Guidelines are offered in the following areas: initiating the program, implementing the program, and administration of the program. Forms and reference materials are appended. (Author/PC)

ED 094291

EDUCATIONAL SERVICES FOR SCHOOLAGE PARENTS

Resource Manual

Successfully helping the pregnant student assume the role of parenthood while keeping her in the mainstream of education.

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The State Department of Education wishes to bring to the attention of educators certain Projects which have become operative in the state with the aid of ESEA Title III.

These Projects have been evaluated as substantially meeting the objectives of finding solutions to educational problems. The material on such a Project should have relevance for many school districts.

Edward W. Kilpatrick

EDWARD W. KILPATRICK
Acting Commissioner of Education
State of New Jersey

CG 009 064

January, 1974

NEW BRUNSWICK PUBLIC SCHOOLS

24 Bayard Street
New Brunswick, New Jersey 08901
(201) 247-2600

Board of Education

George Claflen, President
James Borbely, Vice President
Mrs. Horace Garvin
Dr. Hugh Koops
Edward Lane
Henrietta Nagel, Secretary
Eli Saltz
Mrs. Carl Valenti

Administrative Staff

Superintendent..... Charles H. Durant, III
Assistant Superintendent..... John N. Hummel
Assistant Superintendent..... Frank Reen
Director of Pupil Personnel Services.. Anna F. Kelly

The Resource Manual was prepared by:

Anna F. Kelly

Birdie M. Grevenberg
Steve Kalman
Rose Kenter
Mary Anne Kwiatkowski
Annie J. Young

Educational Services for Schoolage Parents

Program Staff
225 Comstock Street
New Brunswick, New Jersey 08902

Anna F. Kelly.....	Program Director Director of Pupil Personnel Services
Birdie M. Grevenberg....	Homemaker Specialist
Mary Anne Kwiatkowski...	Project Nurse
Raymond Lindsay.....	Community Counselor
Annie J. Young.....	Home Economist in Family Life Education
Dessie Easterling.....	Academic Teacher
Rose Kenter.....	Academic Teacher
Eddie Shaw.....	Academic Teacher
Elsie Till.....	Academic Teacher
Alberta Thomas.....	Secretary

Educational Services for Schoolage Parents was developed through funding from the Elementary and Secondary Education Act, Title III in New Jersey. The project was validated in 1973 by the standards and guidelines of the United States Office of Education as innovative, successful, cost-effective, and exportable. As a result, the New Jersey ESEA, Title III program is funding the project as a demonstration site to offer dissemination services to New Jersey educators.

The materials presented herein were prepared pursuant to a Grant from the New Jersey State Department of Education under provisions of the Elementary and Secondary Education Act of 1965 Title III. However, the opinions expressed herein do not necessarily reflect the position or policy of the New Jersey State Department of Education or the United States Office of Education.

ESEA

The Elementary and Secondary Education Act, Title III program in New Jersey is administered by the Office of Program Development, Division of Research, Planning and Evaluation, Department of Education, State of New Jersey, 225 West State Street, Trenton, New Jersey 08625.

Preface

Pregnant adolescents and their offspring are high risk individuals ... educationally, medically, and socially. Pregnancy is the greatest single cause of dropping out of school among females. The children of adolescent women are more likely to die in the first year of life than those of any other age group. Adolescent mothers bear more babies of low birth weight (less than 5.5 pounds) than do mothers of any other age. And babies of low birth weight are the most likely to develop physical and mental disabilities.

School districts that fail to try to maintain pregnant students in the mainstream of education do not fulfill an important educational and social responsibility. An adolescent parent without a high school diploma will have great difficulty in supporting herself and her family. Too often both mother and child must rely on public assistance for support. Educators who do not provide the nutritional and encourage the medical intervention to protect the health of both mother and child ignore the educational consequences of this neglect. Even if an adolescent mother fails to return to school, her child will be enrolled within five years and his or her education will be the responsibility of a school district. Too often these children require remedial help or special education.

EDUCATIONAL SERVICES FOR SCHOOLAGE PARENTS provides educational, nutritional, and health care services to schoolage parents in the New Brunswick, New Jersey, public schools. The project was developed from 1969 to 1972 through funding provided by the New Jersey Elementary and Secondary Education Act, Title III program. Since 1972 the New Brunswick Board of Education has supported the project in its entirety.

Introduction

In 1973, EDUCATIONAL SERVICES FOR SCHOOLAGE PARENTS was validated as innovative, successful, cost-effective, and exportable by the standards and guidelines of the United States Office of Education. The project is endorsed by Dr. Edward W. Kilpatrick, Acting Commissioner of Education, State of New Jersey. As a result of the project's validation, it is now funded by the New Jersey ESEA, Title III program as a demonstration site open to the citizens of New Jersey. The project staff provides opportunities for interested persons to visit the site, examine the materials, and talk with the students and staff. For those interested in replicating the project wholly or in part, the staff offers training services and materials. Detailed information about the materials and training services may be obtained from Mrs. Anna F. Kelly, Director of Pupil Personnel Services, New Brunswick Public Schools.

This Resource Manual has been prepared by the project staff to be used by others who wish to learn about this program and transfer its ideas and practices to other sites. The manual's first part gives a national, state, and local perspective to the question of adolescent childbearing and describes how the program was launched. The second section discusses the program in action. The manual closes with a summary of the program's administration including a description of the physical setting and the cost of operation.

The appendices contain copies of the administrative forms used by the program staff and lists of instructional materials included by the Family Life Education and Maternal and Child Health courses. The suppliers of the materials are identified so that others may obtain them. Many items are available free of charge to educators.

The project staff wishes to acknowledge the consultation help and support in the development of this program offered by the following persons:

Geoffrey W. Esty, M.D., FACP
Chief Medical Consultant
Educational Services for Schoolage Parents

Mrs. Ruth Granstrom
Education Specialist
County Superintendent's Office
Union County, New Jersey

Kenneth Gould, M.D.
Psychiatric Consultant
Special Education Program
New Brunswick Public Schools

Mrs. Lillian Haufler, Consultant
Division of Curriculum and Instruction
New Jersey Department of Education

James W. Richardson, Consultant
Division of Curriculum and Instruction
New Jersey Department of Education

Andrew J. Sheehy
Child Study Supervisor
County Superintendent's Office
Middlesex County, New Jersey

Dr. Bruce Tuckman
Professor of Education
Department of Vocational-Technical Education
Graduate School of Education
Rutgers University

Martha Weisz
Psychologist
Special Education Program
New Brunswick Public Schools

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Adolescent Childbearing: **A National Perspective**

In 1973, approximately 600,000 babies were born to women under the age of 20. The majority of the adolescent mothers is white. By the time that their babies are born approximately 60% are married. The risks of adolescent childbearing and childrearing are far greater for the mothers, the babies, and for society than they are when the mother is older.

The adolescent mother has a greater probability of health problems during pregnancy than women of any other age group except those over forty. Complications may include toxemia, anemia, and prolonged labor. The reasons for this are that an adolescent's body is not fully developed and the nutritional demands for both the mother and foetus are great. In most cases, the nutritional requirements for the normal development of both mother and foetus are not met.

Children born to adolescent women are more likely to be of low birth weight and to die in the first year of life than babies of older women. In 1968, the last year for which national figures are available, 18% of the babies born to mothers under 15 and 11% of the babies born to mothers aged 15-19 were of low birth weight. By comparison, only 8% of the babies born to mothers of all other ages fell into this category.

A low birth weight decreases an infant's chances for survival in his first year of life, as well as the prospect of healthy development beyond that critical year. Studies comparing the development of low birth weight babies to that of normal babies show statistically significant differences between these two groups of children. Low birth weight babies grew into children who on the average had lower I.Q., more perceptual and motor disturbances, and more speech problems. They were also shorter, weighed less, and had more psychological problems.

Pregnancy is the most frequent single reason for dropping out of school among females. In many cases the father, too, is unable to complete his education because of the financial responsibility of supporting a dependent mother and child. Adolescent parents who do not have high school diplomas are confined to low paying jobs. Often they will have to turn to their families for support or rely on Aid to Families with Dependent Children (AFDC).

In 1972, adolescents in New Jersey between the ages of 10 and 19 gave birth to 13,396 babies. This number was 14% of the total number of babies (approximately 96,000) born in the state that year.

During the twelve year period from 1960 to 1972 in New Jersey

... the number of babies born to women under 20 years of age increased 15%.

... the number of babies born to women in their twenties remained the same.

... the number of babies born to women over 30 years of age decreased.

During this twelve year period 19.4% of the babies born to women between the ages of 10 and 14 were of low birth weight; 11.8% of those born to women between the ages of 15 and 19 were of low birth weight. These figures are well above the corresponding ones for the babies born to women between the ages of 20 and 44. For the latter group, 7.9% of the babies were of low birth weight.

From these figures we can see that a significant number of adolescents in New Jersey deliver babies each year. This number has increased over the last twelve years, both absolutely and relative to the total number of births in the state. In 1960 babies born to women under 20 represented 9% of the total; in 1972 the number accounted for 14% of the total. Finally, we see that the percentages of low birth weight babies born to adolescents in New Jersey are close to the national figures.

Adolescent Childbearing: **The Situation in New Brunswick**

In the seven years (1962-1969) prior to the beginning of the program the records of the New Brunswick public schools show that an average of 18 students per year were pregnant. The educational program offered to these students was five hours of home instruction in academic subjects each week. No program of social services or health care was offered. All 126 students known to have been pregnant during this period dropped out of school before receiving a high school diploma.

There are no statistics available on the birth weight of the babies born to these students. The New Jersey statistics, however, indicate that approximately 20 of these 126 babies were of low birth weight.

The approximate number of female junior and senior high school students in New Brunswick is 1,750. The 1968 national statistics report that one out of every thirteen females between the ages of 15 and 19 will bear a child each year. There are no estimates for females below the age of 15. Measured against these estimates, the number of pregnant students identified each year at the time of the program's initiation was well below the national average. Even taking into account that some pregnancies were not known, the figure is still low.

But both the Board of Education and the administrative staff of the New Brunswick Public Schools recognized the gravity of a situation in which pregnant students almost automatically dropped out of school. For this reason the staff designed, gained funding for, and launched in 1969 a project called EDUCATIONAL SERVICES FOR SCHOOLAGE PARENTS. This manual will describe the program in detail and show how it has made a significant difference in the drop out rate of pregnant students, and in the health of both the students and their infants.

As a footnote to this perspective one should know that the program served an average of thirty-three students per year in its first three years and fifty-nine students in its fourth year. This number remains well below the approximately 120 pregnancies among students in the district that could be expected each year based upon the national statistics.

LAUNCHING THE PROGRAM

The Approach and Philosophy

EDUCATIONAL SERVICES FOR SCHOOLAGE PARENTS offers a comprehensive educational and health care program for the pregnant student. The program is addressed primarily to women and their infants, but the fathers are encouraged to participate as well. The program is housed in a building known as the Family Learning Center that is separate from other school buildings.

While still attending regular classes, pregnant students enter the program to take part in its social and medical services in preparation for a healthy prepartum experience. Within a short period of time, students cease going to their regular classes and come to the Center daily for academic work and instruction in family life education. After the birth of their babies, the students return to the Center for a final six weeks of instruction. During this time the pediatricians who are consultants to the program visit the Center to examine the babies and talk to their mothers about the immediate and long term health care which the infants will require.

The specific goals and evaluation results of the program will be described later in detail. At this point, however, it is important to note that the program has practically eliminated school drop outs due to pregnancy, raised the academic achievement level of the participants, and reduced the percentage of low birth weight babies among these adolescents to 1%, a figure substantially below the national and state averages.

Prior to the establishment of the Center, all that was offered pregnant students was five hours per week of home instruction in academic subjects. To get this a student had to make known to the administration the fact of her pregnancy. Too often, out of embarrassment or ignorance, students did not inform the school but simply dropped out with little explanation.

Even on home instruction the prognosis was not good. The distraction of receiving a teacher in a home often fraught with tension impeded the learning process. There was not

sufficient time to cover the material properly. Often there was not enough room or the right equipment. Frequently the student's motivation was poor.

> "Imagine," says Mrs. Anna Kelly, the program's director, "a student worried sick about a million other problems and the history teacher arrives for an hour's lesson. How much can a student concentrate on history?"

With many obstacles to contend with, it was not surprising that most pregnant students became frustrated and rarely returned to school. And those who did frequently found themselves so far behind that quitting became an easier alternative to trying to catch up with the rest of the class.

> "Even if we just do the academics and nothing else, I feel we're still doing a lot more than having a student in home instruction. In fact, that's what we started out to do ... to keep the student in the mainstream of education ... and help her get that diploma," commented Mrs. Kelly.

The majority of the students are poor, never have had much personal attention, and have a history of poor academic performance. In order to motivate them even to finish high school, they need a lot of attention. The project planners were convinced that five hours of home instruction could not prepare the students for the role and responsibilities of parenthood.

Another part of the problem with the home instruction program was that the district had difficulty in finding teachers who would accept these assignments. Teachers were often fearful of entering poor neighborhoods.

With this background one can see that the specific need which gave rise to the program was a dissatisfaction with the home instruction program that did not keep pregnant students from dropping out of school. Indeed, as we noted earlier, every student known to have been pregnant between 1962 and 1969 dropped out of school.

The staff of the New Brunswick school district designed a program which would not only maintain the pregnant student in the mainstream of education, but would also equip her for parenthood. As a result, the program includes not only academic instruction but also infant and childrearing, homemaking, food purchasing and preparation, along with psychological, social and medical services. The staff works hard to create a sensitive and flexible environment at the Center which will not only help the pregnant student through a difficult period but will also strengthen and equip her for the future.

* * * * *

Planning and Funding

The New Brunswick Board of Education applied for and received funding through the Elementary and Secondary Education Act, Title III, to support the development of the program. The district received an average of $18,400 in development funds for each year of the three year development period, 1969-1972. The bulk of these funds was used for staff salaries. Since the conclusion of the development period, the New Brunswick Board of Education has supported the program's continued operation as a component of the district's special education program.

In accordance with ESEA, Title III requirements the project staff specified development goals, selected evaluation designs, and evaluated progress toward the goals. The three project goals and their evaluation designs are listed below. In the section on evaluation the results are detailed.

Goal #1:

Student participants will show a dropout rate which is significantly lower than that for pregnant students in the district prior to the beginning of the program.

The evaluation was made using attendance records.

Goal #2:

Instruction in family life education, maternal and child health, and the counseling program will increase the students' knowledge of the information taught in the program.

Evaluation was made through pre and post testing, psychiatric evaluations (on a need basis), home visits by the nurse and social worker, and rap sessions with the community counselor.

Goal #3:

Babies delivered by the students in the program will be significantly healthier than the state norm for babies born to adolescent women.

Records were obtained from local hospitals of the birth weights of the babies born to students at the Center.

Organization

The program is organized under the Director of Pupil Personnel Services as part of the district's program in special education. The reason for this is that in New Jersey state law (the Beadleston Act) the education of pregnant students is considered a form of special education for which 50% of the program expenses and 75% of the transportation expenses are reimbursable from the state.

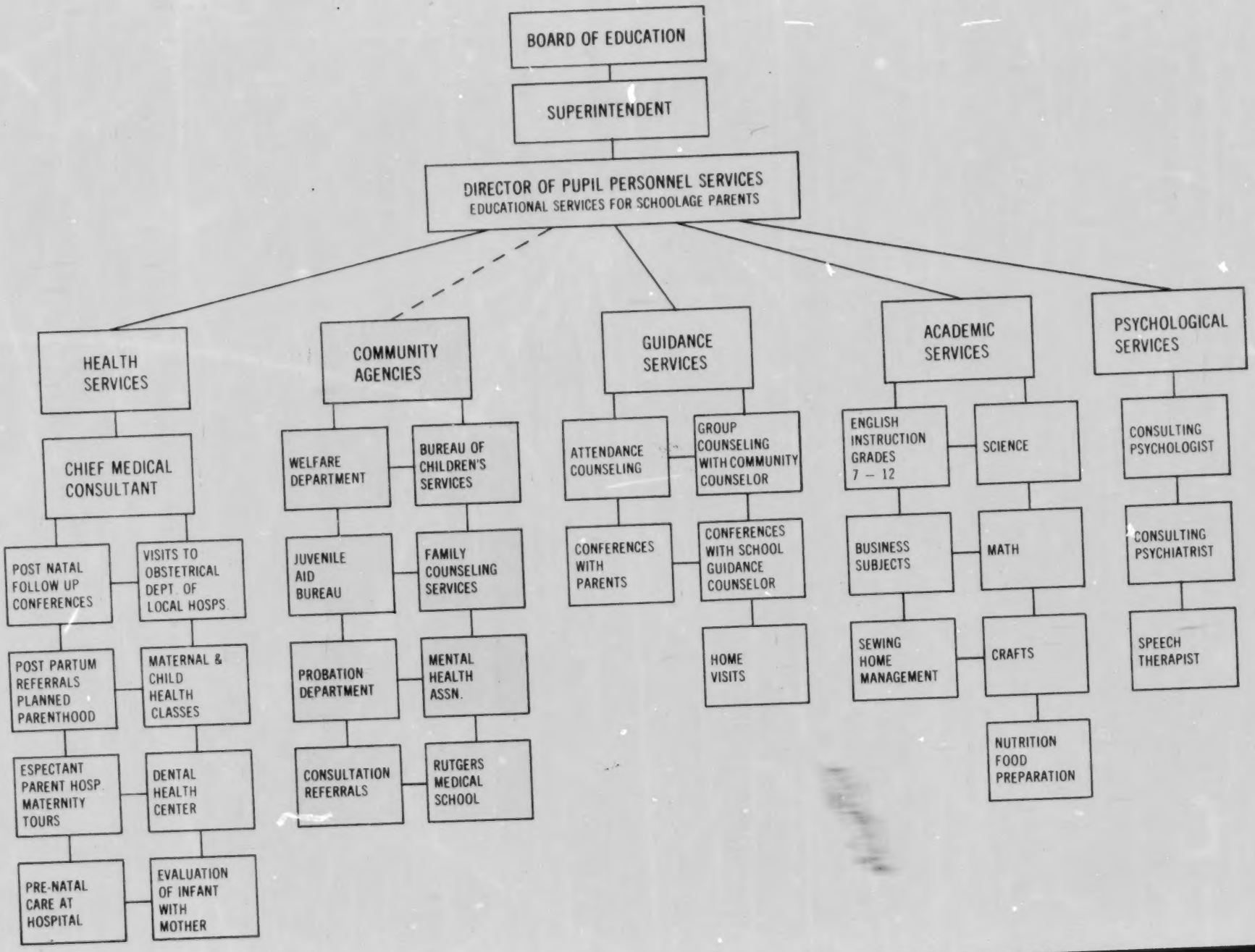
The Family Learning Center has served an average of fifty-three students per year for four years. Twenty-five to forty students may be enrolled at one time. Supervision of the program requires approximately 20% of the Director of Pupil Personnel Services' time. In 1972-73 when the program served fifty-nine students, the staff included six academic teachers, certified in secondary education, and paid on an hourly basis. Two worked four hours a day; two only two hours a day. For a special course such as a language or advanced math, the services of a teacher certified in that subject are obtained for as little as one hour of teaching a day. The staff also includes a full-time Homemaking Specialist certified in home economics; a Home Economist (50% time); a Pupil Personnel Service Nurse (75% time); and a Community Counselor (80% time). Pediatricians are employed on a consultant basis. With the exception of the academic teachers, persons who work part time on the program have other responsibilities within the school district.

When the program was launched the staff anticipated that they would need the support of a definite segment of the educational community: school nurses, home economics teachers, school psychologists, social workers, and health and physical education teachers. These persons are usually among the first who learn of a student's pregnancy. They were encouraged to refer pregnant students as early as possible to the Center for enrollment in the program.

The cooperation of these staff members has proven to be of great value. In the program's beginning the students did not take part until the latter stages of their pregnancies. By the end of the second year, however, most students were entering in the first trimester of their pregnancies. This important change is due in large measure to the cooperation of many members of the district's staff.

The services of the district's entire special education staff are available as needed. The program staff also maintains close contact with many community agencies whose support is important to the students. The staffing pattern and the specific community agencies are detailed in Chapter III, Administration.

On the next page you will find a chart of the four primary components of the program's organization: academic, guidance, health, and psychological services and other services provided by community agencies. This chart should be your roadmap into the program as well as a reference as you read the manual's second section which describes the program in action.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SUPERINTENDENT
DIRECTOR OF PUPIL PERSONNEL SERVICES
EDUCATIONAL SERVICES FOR SCHOOLAGE PARENTS
HEALTH SERVICES
CHIEF MEDICAL CONSULTANT
POST NATAL FOLLOW UP CONFERENCES
VISITS TO OBSTETRICAL DEPT. OF LOCAL HOSPS.
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MATERNAL & CHILD HEALTH CLASSES
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CONSULTING PSYCHOLOGIST
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SPEECH THERAPIST

THE PROGRAM IN ACTION

Academic Program

Pregnant adolescents are high risk individuals ... educationally.

The focus of the academic environment is to promote a feeling of accomplishment in the girls and to encourage them to concentrate on things outside themselves. According to the Project Director:

> "We try to impress upon the students the importance of their getting a high school diploma. Even if it doesn't reflect many skills, there are very few employers who won't require it as a prerequisite for a job interview. There's also a tremendous psychological value for them in having completed this milestone. They get the feeling that there are still avenues open to them. That this is not the end of the world. We tell them, quite frankly, without it the odds are they'll be on welfare ...
>
> "Several students, who would never have even gotten out of high school without the program are now in college. As an economic factor to the taxpayers this has got to pay off. Its impact on the child who in a few short years will be entering the same school system is also quite significant."

Each student's academic schedule is designed to continue, as closely as possible, the subjects she studied before enrolling in the Center's program. In addition, all students take courses in Family Life Education, and Maternal and Child Health. Keeping up with their academic subjects allows seniors to graduate with their class and then seek gainful employment or continue their education. Most of the other students return to their regular schools, having completed the necessary courses for moving to the next grade.

Teachers "hand picked" for their flexibility and interest in the students are oriented to the need for individualized instruction. The smaller classes give each student a

greater opportunity to participate and make her bear a greater responsibility for the functioning of the group. Surprisingly, considering the many special problems of the students, such involvement does take place. The staff attributes this to the students' greater awareness of their need for an education ... the flexibility of the classes ... and the fact that the academic work is a constant and stable factor in their lives when so many other things are in flux.

In a typical year, eight basic junior and senior high school courses are offered: English, social studies, geometry, algebra, basic mathematics, Spanish, French, and business education. Since students come from grades 6 through 12, represent a wide range of achievement levels, and enter and leave the program throughout the year, classes are consequently small and instruction is highly individualized.

The teachers who give the regular junior and senior high school courses are paid on an hourly basis. They work from one to four hours per day, depending on the demand for their courses. They have no other teaching responsibilities within the district.

* * * * *

Family Life Education

Family life education includes instruction in nutrition, food preparation, sewing, consumer economics, and other homemaking skills. The purpose of enriching the curriculum with learning experiences focused on home management and practical skills is twofold:

- to develop the students' pride in and appreciation of home and family life.
- to give them the skills for good home management.

The family life education program is reinforced by the accepting and informal atmosphere of the Center which in itself is conducive to a satisfying view of home and family living.

Under the supervision of a full-time Homemaking Specialist, certified in Home Economics, the students prepare and serve a limited breakfast and a full lunch at the Center. On a weekly rotation basis one half of the group prepares the food; the other half cleans up. The lunch program, especially, not only provides an important part of each student's daily nutrients, but also incorporates lessons in good nutrition and food buying. Students learn effective techniques of food preparation and kitchen hygiene, and the correct use of kitchen appliances.

The students also learn how to plan well balanced meals ... which foods offer the most vitamins ... and how to buy healthful, yet economical, foods. The instructor stresses the importance of a well balanced diet, especially during pregnancy. A contributing learning experience is the requirement that each student plan a week's meals during pregnancy and another after the baby is born. This task calls for the application of both the student's theoretical and practical knowledge.

In their sewing and homemaking classes, under the supervision of a second Home Economist who serves the Center on a half-time basis, the students learn to make many of the garments they'll need during pregnancy and which their babies will need. Mending and repairing clothing are talents stressed as also being vitally important in running a household.

Almost all the students have some spare time during the day to work on homemaking projects. Knitting, sewing, drawing, and painting serve the practical function of learning a skill. They also enable the students, often for the first time, to show off something which they have made. This is a real boost for the self-concept.

References for the use of teachers of Family Life Education courses and lists of materials for students will be found in Appendix A.

Instruction in Maternal and Child Health

The misconceptions and superstitions about the human body shared by the students upon their arrival at the Family Learning Center have been described by the staff as little short of "phenomenal." The medical pretest questionnaire each student completes upon entry into the program confirms this. Thus the goals of the maternal and child health instructional program are to give the students an understanding and respect for the human body and the reproductive process, to have the students learn the importance of prenatal care, and to encourage them to practice it.

This vitally important instructional program is carried out by the staff nurse. The topics covered include anatomy and physiology, human reproduction, growth and development, and bodily and emotional changes occurring during pregnancy. The effects of heredity and environment on human development are studied. Students are also acquainted with comfort aids and hygienic and dietary habits which aid well-being during pregnancy. Techniques of labor are discussed and practiced.

For this part of the program visual aids are crucial tools: life size prints, films, charts, and pamphlets are important aids in understanding how the human body works. Many of these materials are available free of charge to educators. The most important materials and their source of supply are listed in Appendix B.

The staff nurse also gives the students a tour of the labor and delivery rooms of a local hospital to help allay any fears they may have about childbirth. Every effort is made to give the students a relaxed and confident attitude about the delivery and to treat the birth, itself, as a happy event.

The nurse makes certain that each student is under the care of a clinic or a private physician. Since she works closely with the community hospitals, the nurse can readily check to see that the students keep their appointments. The fact that few appointments are broken shows that the students understand the importance of good prenatal care.

During the six weeks in which a student continues to take part in the program after the birth of her baby, pediatric consultants examine the babies and discuss their health care with the mothers. This includes the immunizations the babies will require. Pregnant students have the opportunity to hear these discussions and to talk to the pediatricians themselves. They can then carry back to their classes in maternal and child care the new information they've learned.

During a student's final six weeks in the program, the nurse makes an appointment for her at the local Planned Parenthood Association for counseling.

Counseling

Pregnant adolescents are high risk individuals ... socially.

The realization of their new position is often frightening, in fact overwhelming, to some of the students, especially the younger ones. Though each member of the staff is always willing to do what he or she can to help, it is the counseling service that is the most used mechanism for working out emotional and social problems. The FAMILY LEARNING CENTER has found that to achieve its objectives, it must become involved in the total social system of the community in which the Center is located. There must be an understanding of the many subsystems which affect, and in turn are affected by, these pregnant teenagers: their families, the school system, the welfare agencies, health care facilities and others.

The key staff member in this phase of the Center's program is the Community Counselor who, as a paraprofessional member of the Pupil Personnel Services Department, spends upwards of 85% of his time with the program participants.

It is the Community Counselor, along with the Nurse, who makes an initial orientation visit to the family of the teenager. It is he who does the individual student's social study work-up.

Each study is highly individualized and adjusted accordingly. Usually an abbreviated study is more appropriate than an intensive case work-up, unless the student displays a severe problem. In addition to the interview, the Counselor gathers data from home visits and from other individuals important in the life of the teenager. He makes every effort to convey to the student that his purpose is not punitive or judgmental, but rather to help her with whatever problems she has ... to help her plan for the future ... to help her achieve her goals.

Subsequently, when each girl completes the program the Community Counselor interviews her to assess her academic

progress, her social development, her physical health and that of her baby. This final assessment is done in cooperation with the Nurse, the teachers, and quite possibly the student's family if that seems helpful.

If necessary, the Counselor continues to help the teenager with problems already identified or new ones encountered after she leaves the Center. These could range from her feelings about her new responsibilities to helping her find an apartment.

One part of the program the students really appreciate is their counseling sessions. Pregnancy is an emotionally laden state at any time, and for some of the students it is especially difficult. In these sessions they have a chance to speak freely about their feelings and any difficulties they may be experiencing. They discuss the role of the father ... what they feel are his rights and obligations ... the feasibility of future dating ... their own role as mother ... theories of child raising ... and the emotional and practical problems of returning to school.

Establishing a network of referrals:

Maintaining stable working relationships with other agencies and services in the areas of social services and mental health is another important responsibility of the Community Counselor. He helps make the cooperating agencies aware of the Center.

Acquiring necessary forms, learning the required qualifications, keeping open channels of communications to agencies in the areas of employment, housing, child-care, psychiatric services, marital and family counseling, welfare, and others, are other responsibilities. He also tries to establish contacts with interested community leaders and resource persons: employers who might make a project of hiring the students, lawyers who would take on their legal cases, people who might provide emergency shelter, etc.

It is the Community Counselor who usually establishes an on-going contact with the families and tries to involve them in the program. A tangible result of this has been that, as the FAMILY LEARNING CENTER gains the confidence of the community, referrals are made earlier in the course of pregnancy to the benefit of both mother and child.

Staff Development:

Because the Community Counselor is of and from the community, he is the one who usually takes the initiative in developing the program staff's sensitivity to the needs and problems of the students. He helps the staff members bridge any gap of social or racial differences between themselves and the students, or among the students, by discussing with them the emotional problems often related to pregnancy, especially an unwanted pregnancy: the turmoil such a pregnancy often creates in the family ... the implications of a disadvantaged home background ... and the possible impact of racial differences. For example, a Black teenager who has experienced Whites as abusive and insulting is not likely to react warmly to a White authority figure such as a teacher. If the teacher understands this reaction as a product of a life experience rather than a personal affront, she can work more effectively with the student.

Contact with Fathers:

The Center's staff had hoped to involve the fathers in the program, along with the teenager's parents. Too often, fathers are left out of the picture. Very often they, too, are adolescents. Unsure of their responsibilities and in a precarious position, they remain elusive participants.

Attempted group sessions for such fathers with the Community Counselor have not proved successful. Recently, evening sessions of small groups of two or three fathers have worked much better. It is through the district's Social Worker that most contact with fathers is maintained. He knows many of the young men and they know that he is willing to discuss their questions and problems. Several have approached him privately for a talk. Also many of the fathers drop in at the Center, on an informal basis, to have private rap sessions with the Counselor who offers them personal, academic and vocational guidance.

The Center organizes activities to involve fathers to help them clarify, in their own minds, their feelings and responsibilities so that future decisions might be approached with greater personal assurance. For the same reason, the fathers are invited in when the baby is being examined by the pediatrician.

* * * * *

Health Program

Pregnant adolescents and their offspring are high risk individuals ... medically.

Health Care Services:

One of the prime objectives of the program is to identify pregnant schoolage adolescents early so that they can adopt prenatal procedures that will safeguard maternal and infant health. In addition to their regular courses, the girls receive instruction in child care, health, nutrition and food preparation. Prenatal care is given at hospital out-patient departments or by private physicians. The Center's Nurse supervises any special diets, supplementary medication and other health requirements as prescribed by the physician or the hospital clinic.

Conferences with the Center's pediatricians are devoted to the needs of the newborn and to anticipatory guidance in infant development and care.

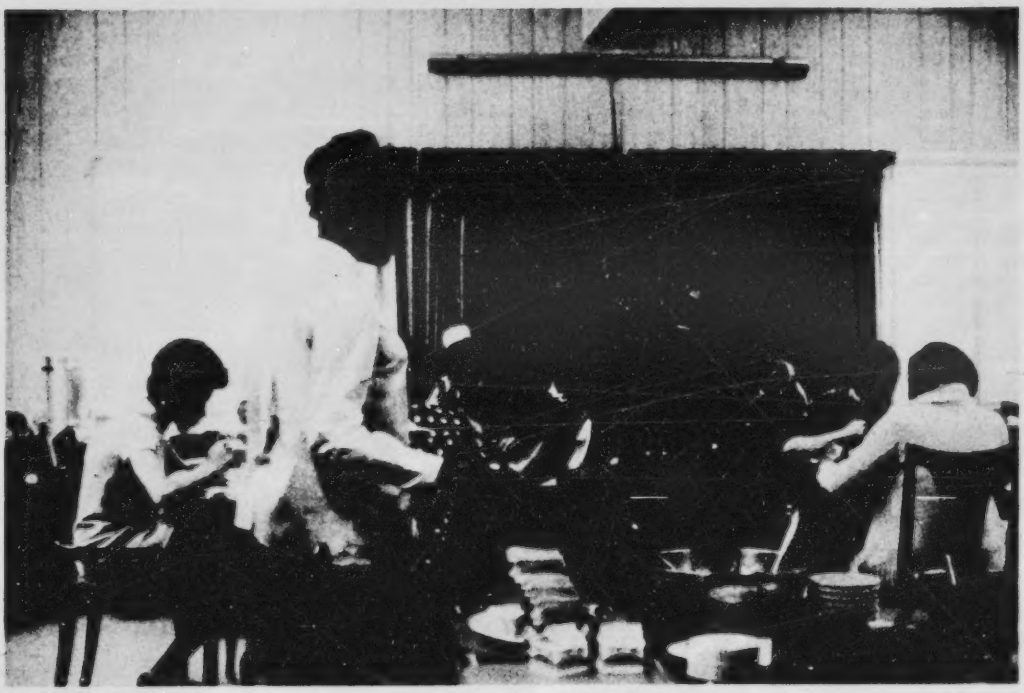
> "We've found that their knowledge of their bodies and the changes their bodies are undergoing is shocking in its ignorance."

That is why the pediatrician regularly appraises the growth and development of the baby (along with other new mothers and their babies) and, in cooperation with the Center's Home Economists, offers understanding and anticipatory guidance in infant development and care.

Breakfast and Lunch Program:

Every student participating in the program may choose to come to school half an hour early to have a limited, but nourishing, breakfast, the cost of which is largely refundable to the local school district under the State School Breakfast Program. Every girl is provided with a Type A school lunch which she helps prepare, under the supervision of the Homemaking Specialist. The cost of the lunch is also refundable under the National School Lunch Program (see the section on COSTS in Chapter III for a fuller explanation). Such meals provide necessary nutrition and instruction in proper diet, so important to a pregnant adolescent's future and that of her child.

Understanding the importance of good dietary habits, which is explicitly outlined in their nutrition program, rather than a "coke and potato chip" existence, has been responsible for healthier mothers and babies. This fact of the program has been documented by a medical study discussed in the section on EVALUATION.



Students' Entry into the Program

As may be expected, in the beginning the teachers and students in the junior and senior high schools were only vaguely aware of the FAMILY LEARNING CENTER's program. Wary of being singled out and placed in an unfamiliar setting, potential participants were inclined to conceal their pregnancies in order to remain in their regular class.

Through informal dissemination and, importantly, via word of mouth, the Center and its operation became better known and trusted. Guidance and medical staffs at the schools helped students to understand the Center's program. And students heard about it from early participants. Students now willingly approach staff members on their own initiative to discuss their pregnancy. Consequently, they are referred at a much earlier stage of their pregnancy. This is important to safeguard maternal and infant health. Students are also referred by the hospitals, outside agencies, and concerned parents. Residency in the school district and a doctor's certification of pregnancy are the only eligibility requirements.

Once a doctor's certificate is obtained, a conference is held at the local school with the student, the school's nurse and the guidance counselor. The counselor explains the program to the student and answers her questions about it. The guidance counselor then sees to it that the student's cumulative records, curriculum, and doctor's certificate are turned over to the staff nurse at the FAMILY LEARNING CENTER.

A schedule is designed to continue the student's regular classes as closely as possible. Meanwhile, the Community Counselor and the Staff Nurse visit the new student's home to explain the services available at the Center and invite her and her family to come for an orientation. An appointment is arranged at that time. A tour of the Center is conducted by the Nurse who introduces the family to the staff. Parental consent for a hospital maternity tour and blood study is obtained. Student questionnaire, medical pre-test, and notice of official enrollment are completed. Classes are explained and the student is given her personal schedule card. She is then introduced to her teachers and officially begins her classes at the FAMILY LEARNING CENTER. It's important to note,

there are no starting dates. A student may enter the program at any time. A prototype daily schedule for students at the Family Learning Center is on the next page. The forms referred to in this section will be found in Appendix C.

* * * * *

Students' Departure from the Program

The student attends classes regularly until the birth of her child. After a maternity leave of two to three weeks, the student is expected to return to the Center and resume her classes for the six week period before she returns to her regular school.

Though the student may enter the Center's program at any time, the timing of her departure is dependent upon her physical and psychological well being. It is usually timed for the beginning of a new marking period, rather than the middle or the end, and never after May 1st to avoid the complicating pressures of final examinations.

The student, herself, completes the application for return to her regular class. After she's informed of her grades, they are recorded on the Marking Sheet and Record for Instructions, then sent to her guidance counselor. The student questionnaire, the medical post-test and the final questionnaire are completed. A personal terminal interview is conducted.

The forms referred to in this section will be found in Appendix C.

Educational Services for Schoolage Parents
(Prototype Schedule for Students)

	10:00-10:30	10:30-11:00	11:00-11:30	11:30-12:00	12:00-12:30	12:30-1:00	1:00-1:30	1:30-2:00
MON	ENGLISH 11 ECONOMICS BIOLOGY CLOTHING ALGEBRA	ENGLISH 10 EARTH SC. SOCIAL STUDIES FOODS CLOTHING	ENGLISH 12 U.S. HISTORY MATH CLOTHING FOODS	ADVERTISING GEOGRAPHY FOOD PREP. RECORDING	L	*MATERNAL & CHILD HEALTH FOOD CLEAN-UP	TYPING AFRO. AMER. HISTORY	STENO GROUP COUNSELING
TUES	ENGLISH 11 ECONOMICS BIOLOGY CLOTHING ALGEBRA	ENGLISH 10 EARTH SC. PAD FOODS CLOTHING	ENGLISH 12 U.S. HISTORY MATH CLOTHING FOODS	ADVERTISING GEOGRAPHY FOOD PREP. RECORDING	U	*MATERNAL & CHILD HEALTH FOOD CLEAN-UP	TYPING BOOKKEEPING	GROUP COUNSELING MIDDLESEX HOSPITAL MATERNITY TOUR AS SCHEDULED
WED	ENGLISH 11 ECONOMICS BIOLOGY CLOTHING ALGEBRA	ENGLISH 10 EARTH SC. PAD FOODS CLOTHING	ENGLISH 12 U.S. HISTORY MATH CLOTHING FOODS	ADVERTISING GEOGRAPHY FOOD PREP. RECORDING	N	*MATERNAL & CHILD HEALTH FOOD CLEAN-UP	TYPING AFRO. AMER. HISTORY	STENO GROUP COUNSELING
THURS	NUTRITION		NUTRITION ENGLISH 8 AND 9	ADVERTISING GEOGRAPHY GOOD PREP. RECORDING	C	*MATERNAL & CHILD HEALTH ST. PETER'S MATERNITY TOUR AS SCHEDULED FOOD CLEAN-UP	TYPING BOOKKEEPING	GROUP COUNSELING
FRI	ENGLISH 11 ECONOMICS BIOLOGY CLOTHING	SOCIAL STUDIES CLOTHING FOODS ENGLISH 8 AND 9	ENGLISH 8 & 9 U.S. HISTORY MATH CLOTHING FOODS	ADVERTISING GEOGRAPHY FOOD PREP. RECORDING	H	*MATERNAL & CHILD HEALTH FOOD CLEAN-UP	TYPING AFRO. AMER. HISTORY	STENO GROUP COUNSELING

*First Aid to be included
in Maternal and Child Health

Profile of Students Who Attended The Family Learning Center 1971 - 72

In 1971-72 a total of forty-one students attended the Center. The information below will summarize their grade level, academic performance before coming to the Center and while participating in its program, and what they did after completing their studies at the Family Learning Center.

Distribution by Grades

Grade	Number of Students
8	2
9	9
10	10
11	11
12	9

This grade distribution is typical. Most students at the Center are in grades 9, 10 and 11.

Academic Performance

Average grade level	Number at each grade level in regular classes before entering program	Number at each grade level at the Center
A's	0	1
B's	1	19
C's	13	16
D's	12	5
F's	15	0

This trend is the norm. Most students at the Center maintain or improve the level of their previous grades.

Status after Leaving the Center

24 returned to high school to complete education.
9 graduated from high school that year.
6 completed studies that year at the Family Learning Center.
1 enrolled in a graduate equivalency program.
1 discontinued her education without receiving a high school diploma.

Each year most students are maintained in the mainstream of education.

Evaluation and Conclusions

The evaluation results will be found under the program objective to which each applies. The conclusions are the results of evaluation work done in addition to that specified in the original plan.

Goal #1:

Student participants will show a drop out rate which is significantly lower than that for pregnant students in the district prior to the beginning of the program.

The continuation of the students' academic instruction is generally not the most enthusiastically received aspect of the program. Still the combination of individualized instruction and the students' greater awareness of the importance of completing high school has resulted in a significantly lower drop out rate.

In the program's first year, six of the thirty-eight participants dropped out of school. In the program's third year, only one of the forty-one participants dropped out. This rate is substantially lower than that when pregnant students received home instruction. In the seven years prior to the beginning of this program an average of eighteen girls per year dropped out of school due to pregnancy. Four of the students who otherwise might not have finished high school are presently enrolled in college.

In general, the students have maintained or improved their academic standing. A very high percentage have returned to their former classes after delivery and were able to graduate with their regular class.

Goal #2:

Instruction in family life education, maternal and child health, and the counseling program will increase the students' knowledge of the information taught in the program.

Pre and post testing, on an individual basis, demonstrates that the family life education portion of the program has increased the students' knowledge and preparedness for their new responsibilities. Visits by the staff nurse and social worker and rap sessions with the community counselor confirm this conclusion.

An evaluation of the effectiveness of the maternal and child health instructional program has been made through the use of medical pre and post test questionnaires which show that the students' knowledge of the human body and its reproductive process has increased. A check on the students' records of prenatal care reflect the fact that they do keep their scheduled doctor appointments during pregnancy.

Goal #3:

Babies born to participants in the program will be significantly healthier than the state's norm for babies born to adolescent women.

Of approximately one hundred babies born to students at the Center during the program's first three years, only one baby was of low birth weight. This is well below the state's average of 15% in 1972 and the national average of 14.5% in 1968.

* * * * *

Conclusions

Behavioral Change:

It's difficult to objectively judge a maturing or a change of attitude, although an instrument is presently being devised to help the staff measure ego strength, attitude, motivation and maturity. Still a definite pattern of behavior has been observed developing as the girls pass through the program. As the Social Worker commented:

"I'm amazed at the independence the girls exhibit by the time they leave the program. Either their maturation level or their family situation has changed, but they're able to handle on their own the kind of problems that earlier befuddled them."

The girls' concept of themselves changes too. It becomes much more positive. Many of the girls in the program were referred to Special Services long before they became pregnant. They were disciplinary problems ... on a near-expulsion basis. Yet, after attending school at the Center their problems seemed to dissipate. Upon return to their school, they no longer create problems.

Perhaps it's the communal atmosphere of the Center. Or the tension release of the counseling program. Or the individual attention each girl senses she's getting. The result is a definite build up in self-concept. Three of the girls, for example, earlier had been placed in residential placement by a state agency because of their lack of conformity to the community. They came to the Center ... and made it through. There have been no reports of behavioral problems since.

Medical Study Underway:

The 1% incidence of low birth weights has resulted in the program being included in a study being conducted by Christian M. Hansen, Jr., M.D., College of Medicine, Rutgers University, and Myrtle L. Brown, Ph.D., Department of Nutrition, College of Agriculture and Environmental Science, Rutgers University, on the factors contributing to the favorable outcome of pregnancy among teenage mothers. These are two of the many individuals and voluntary organizations who contribute their services to the education and health care program at the Center.

The study focuses particularly on the nutritional and psychological factors that influence the course of pregnancy, infant birth weight, and subsequent development of the child.

The New Brunswick program is being studied in comparison to two similar populations in the state, one in Trenton, the other in Newark, where preliminary studies indicated the incidence of low birth weights at approximately 10%.

The nutritional status and psychological adjustment of the young mothers attending the FAMILY LEARNING CENTER are being studied to determine if supervised feeding and psychological support contribute to the better obstetrical performance of these mothers compared to that of the Newark and Trenton groups. Under the procedures of the study, blood samples are taken from forty-to-fifty students at the time of their enrollment at the Center and again in the third trimester of their pregnancy. The samples are analyzed for eleven nutrients, proteins, and several other elements. The students are interviewed to obtain a dietary history and a 24-hour recall of food intake during each trimester of pregnancy, with the results compared to the same data from the other two populations.

If indeed the program followed at the FAMILY LEARNING CENTER contributes to healthier adolescent mothers and offspring, this study will provide a sound basis for replicating programs of this type in other needed areas.

In the spring of 1973, a progress report on the study noted that twenty-three students at the FAMILY LEARNING CENTER had taken part. Dietary surveys completed by Dr. Brown indicated that the lunch which the girls received at the Center contributed a substantial proportion of the daily nutrients they received. The laboratory analysis of the blood samples revealed that their nutrient content was higher than that of the other populations under study. These preliminary data point to the fact that the supplemental feeding program available at the Center is contributing to the better outcome of pregnancy.

* * * * *

ADMINISTRATION

Organization of the Program Within the School District

The program was organized, initiated by, and remains a continuing responsibility of the Director of Pupil Personnel Services in the New Brunswick public schools. It is considered part of the district's total program in special education. The reason for this organization is that, in New Jersey, guidelines for the education of and the provision of social services and health care for pregnant students are subsumed in state law under the Beadleston Act with other forms of special education. According to the provisions of this act, pregnant students are classified as "chronically ill". Local school districts are eligible for reimbursement from the state for 50% of the program expenses and 75% of the transportation expenses incurred in the education and provision of social and health care services for pregnant students. As Director of Pupil Personnel Services, the program's director reports to the Superintendent of Schools.

The program has served up to fifty-nine students in one year, of which twenty-five to forty may be enrolled at a single time. To accommodate fifty-nine students in the 1972-73 school year, the staff requirements were:

Director of Pupil Personnel Services — 20% time
The Director has general administrative responsibility for the program including budgeting, long-term planning, interviewing and recommending staff to the Board of Education, and coordinating all aspects of the program.

Special Education Nurse — 75% time
The Nurse teaches the course in Maternal and Child Health; makes orientation visits to the students' homes; sees that all students are receiving adequate prenatal care; supervises special diets, supplementary medical care or any other special health care as prescribed by a physician.

Homemaking Specialist — 100% time
Instructs students in nutrition, and food preparation; purchases food for the breakfast and lunch programs.

Home Economist — 50% time
Instructs students in consumer education, sewing, and homemaking classes.

Community Counselor — 80% time
Conducts the counseling program for the students; provides full range of social services to the students and their families including the fathers of the infants. The Community Counselor is a paraprofessional employee.

Teachers certified in secondary education.
Teach the regular academic subjects required by the students.
Employed on an hourly basis. In 1972-73 for 59 students of which up to 40 were enrolled at one time, an average of twelve teacher-hours per day were required.

Pediatricians
Examine infants; offer anticipatory guidance to students on the care of an infant; refer any medical problems to the appropriate physician.
Employed on an hourly basis at $25 per hour. In 1972-73 to serve 59 students approximately 75 hours of pediatrician time was required.

Secretary
Performs secretarial tasks required by the program. — 25% time

The Director of Pupil Personnel Services, Special Education Nurse, Homemaking Specialist, Home Economist, and the Community Counselor are regular full time employees of the Department of Pupil Personnel Services. With the exception of the Homemaking Specialist, all have responsibilities within the Department in addition to their work with the program. The teachers are employed on an hourly basis as are home instruction teachers. The pediatricians are employed as consultants to the Department.

The program staff regularly holds conferences with the district's guidance personnel and social workers. Other specialists, including the psychologist and Learning Disabilities Teacher Consultant, on the district's Child Study Team, are available as needed. The staff also calls upon the Social Services Departments of the two local hospitals and the Visiting Nurses Association.

The program staff maintains a close liaison with community agencies and institutions, whose services often play an important role in a student's life. These include the Rutgers University Medical School, Mental Health Association, Family Counseling Services, Bureau of Children's Services, Probabion Department, Juvenile Aid Bureau, and Welfare Department. Thus a total array of school and community services can be brought to bear on the special needs of the program's students whose lives might otherwise end in human waste if not tragedy.

Relationship to Educators and Members of Community Agencies

> "In initiating the program," explained Mrs. Kelly, "we just came in quietly and got started. There was no drum beating. We were not going out of our way to look for attention."

But at the same time the program staff began to build cooperative relationships with agencies and organizations within the community and the state whose members were interested in the program and whose services were important to the students. To do this the staff opened the doors of the Family Learning Center to visits from all interested parties who wished to see the program in action and talk to the staff and students. The staff also addressed meetings of many organizations and agencies to give orientation presentations on the program.

Special mention should be made of the program's two advisory councils: one of parents and another of professionals in education and health care. The councils meet separately and together. They contribute to program planning and work to gain acceptance and support for the program in the community.

It should be recognized, too, that the students themselves are key communicators. Both the "graduates" of the program and those currently enrolled, as well as their parents, are testimonials to its success.

The support given to the program by the students, their parents, educators, the advisory councils, and community agencies and organizations has contributed significantly to the program's successful growth and development in the community. This, in turn, led to its support in full by the New Brunswick Board of Education.

When the program began, the staff contacted local organizations that had worked to improve community services for adolescent parents so as to gain their understanding and support, and to benefit from voluntary services that their members could offer. These organizations are:

Rutgers University School of Social Work

N. J. Bureau of Children's Services

Middlesex County Welfare Board

Catholic Welfare Bureau

United Community Services

Family Counseling Service

Middlesex County College

St. Peter's Hospital Social Service

Visiting Nurse Association

Middlesex General Hospital Social Service

The Neighborhood House

O.E.O. Multi-Service Center

N. J. State Department of Community Affairs

Among the visitors to the program have been:

1. Groups from Rutgers University Extension Services (New Brunswick)
2. Representatives of the American Red Cross
3. Home Economics Graduate Students, Rutgers University (New Brunswick)
4. Nutrition Specialists - Douglass College (New Brunswick)
5. N. J. State Department of Education - Home Economics Specialists
6. Neighborhood Legal Services, Washington, D. C.
7. Students - Rider College (Trenton)
8. Neighborhood Leaders (New Brunswick)
9. Juvenile Aid Bureau (New Brunswick)
10. Local Ministers

11. Rutgers University Medical School (New Brunswick)

12. Sociology Doctoral Candidates - Rutgers University (New Brunswick)

13. Representatives from Middlesex County Superintendent of Schools Office

14. Personnel of the New Brunswick Learning Assistance Center

15. Vocational Education Students - Rutgers University (New Brunswick)

16. Teacher Aides - New Brunswick Public Schools

17. Parents of Pregnant Students

18. Parents of children enrolled in pre-school programs

19. Local Merchants

20. Representatives of New Brunswick Education Association

21. New Brunswick Juvenile Conference Mayor's Committee

22. School Nurses (New Brunswick)

23. Faculty of Special Education Classes (New Brunswick)

24. Members of Child and Youth Study Classes
Fairleigh Dickinson University (Wayne, N. J.)

25. Representatives from Neighborhood House (New Brunswick)

26. Middlesex County Special Services Representatives

27. Administrative - Supervision Group of the New Brunswick Public Schools

28. Members of faculty of the New Brunswick Public Schools

29. New Brunswick Board of Education

30. Visiting Nurses Association of Middlesex County

31. Representatives of New Brunswick Department of Health

32. Representatives of Middlesex County Medical Association

33. Director Ambulatory Services, Middlesex General Hospital

34. Head Nurse - Labor and Delivery - St. Peter's Hospital (New Brunswick)

35. Supervisor - Obstetrics - Middlesex Hospital (New Brunswick)

36. State Department of Health - Vaccination Division

37. Social Services Department - Middlesex Hospital (New Brunswick)

38. Family Counseling Services of Middlesex County

39. State Department of Health

Target Audiences for Orientation Meetings:

1. Teachers' Workshop - Special Education Teachers in New Brunswick

2. New Jersey Adult Education Association

3. New Jersey Consumer Education Workshop - Rutgers University (New Brunswick)

4. New Brunswick Committee for Planned Parenthood

5. New Jersey Consumer Advisory Committee - Rider College (Trenton)

6. New Jersey Fall Home Economics Conference (Saddle Brook, N. J.)

7. Members of New Brunswick United Methodist Church

8. Y.W.C.A.

9. Middlesex County Visiting Homemaker Association

10. Adult Homemaking Class - McKinley School (New Brunswick)

11. Adult Sewing Class - Family Learning Center (New Brunswick)

12. Adult Education Class - Public Service Gas and Electric (N. J.)

13. Parent Council of the New Brunswick Public School P.T.A.

14. Child and Youth Study Groups (New Brunswick)

15. Advisory Committee to the Senior High School (New Brunswick)

16. New Brunswick Human Rights Committee

17. Middlesex County P.T.A.

18. New Jersey P.T.A. Convention

19. Middlesex County Special Services Committee

20. Future Teachers of America - (Paramus, N. J.)

21. Jersey City State College - Educational Psychology Classes (Jersey City, N. J.)

22. Edison Township Public Schools - Home Economics Department (N. J.)

* * * * *

Physical Facilities and Special Materials

The structure of the EDUCATIONAL SERVICES FOR SCHOOLAGE PARENTS program is more important than its physical facilities. What's important is that a multi-faceted program be offered the pregnant adolescent to meet her special needs: educationally ... medically ... psychologically ... socially. The fact that all facets of the program are offered under one roof has worked in New Brunswick, but that would not necessarily be the best situation in another site.

In New Brunswick's program, the FAMILY LEARNING CENTER is housed in a separate, three unit "relocatable" mobile building. It was available from another program and was modified for this special use.

The building includes a large family room, with a well-equipped kitchen and dining facilities to accommodate twenty-five people. It is also used for classes in homemaking, sewing and nutrition. Across the hall there is a combination nursery-classroom with an array of toys and educational material. It has a one-way mirror for observation needs at certain times. In addition, there is a series of classrooms, a medical examination room, library, lavatories, reception room, the secretaries' office, conference room, director and staff offices and two storage rooms. On the following page is a diagram of the physical plant.

Advantages of a Separate Facility:

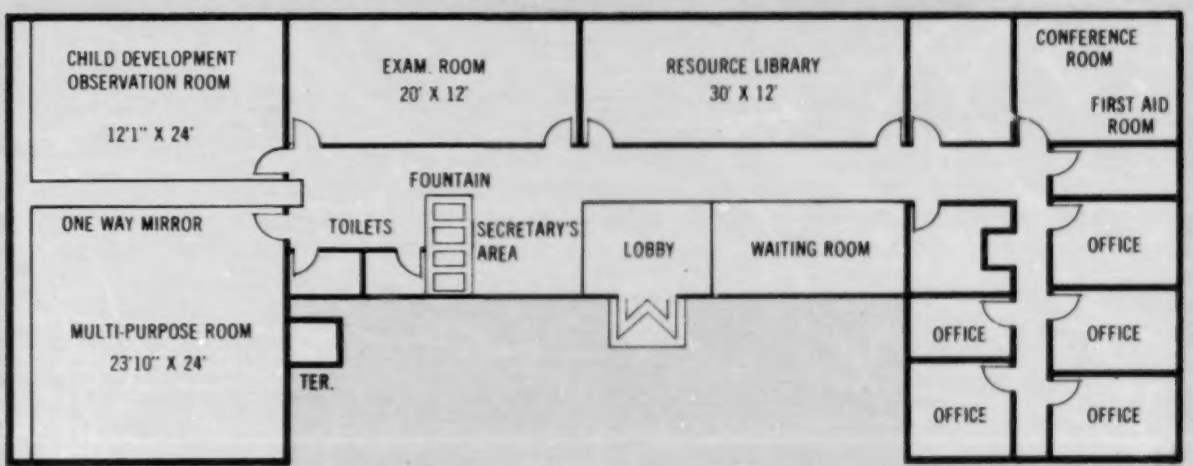
A separate building offers a certain amount of privacy, added safety especially when the infants are involved, efficiency for the staff and faculty, but especially, convenience for the students. Still, the academic classes could be held elsewhere and the examination room need not be on the premises.

Perhaps the most essential physical features of the Center are the facilities for the students to prepare their own breakfast and lunch and share these tasks in a communal atmosphere. Kitchen and cooking facilities and a combination dining room-classroom large enough to hold at least two dozen people are necessary for these activities. When you have this, be it in a school plant or elsewhere, you have the basic facilities necessary for the program.

Material and Equipment:

Materials required to equip the Center include utensils, dishes and cookware for the kitchen; cribs, playpen, dressing table, toys and educational material for the nursery; examination table, scales, medical diagnostic equipment and wash basin and cabinets for the medical examination room. For the classrooms it's tables and chairs to serve as desks, blackboards, bookshelves, educational materials, including sewing machines and business machines.

Family Learning, Observation and Referral Center



Cost Accounting

Educational cost accounting is a complex process for it is often difficult to isolate both the direct costs and benefits of a new program. Both must be weighed to determine a program's worth. It is even more difficult to summarize the costs and benefits in a way that is meaningful to other districts or regions because schools start with different resources and the costs of specific items such as staff salaries, physical facilities and materials vary from place to place.

This section will assume that the potential consumers of this program already have adequate funds to provide a conventional classroom educational system. As is the case in New Brunswick, therefore, the costs of providing students with regular classroom supplies such as textbooks, paper and pencils, as well as the typewriters used in the business education classes and the sewing machines used in the home economics classes, will not be isolated as direct costs of the program. The reason for this is that these costs are part of the regular educational system and will probably not change with the introduction of the program.

In this section we will also assume that a potential consumer of the program will find adequate physical facilities for it within the school system. This, too, was the case in New Brunswick. The program's facilities are described in the preceding section. Their essential components are noted. An adopter district has wide latitude to vary the facilities for such a program, according to the resources available and the configuration of the program in that district.

If we take as given that an adopter district has the physical facilities to house the program and adequate resources for the regular classroom educational system, then we can isolate the primary costs of adopting the program as those of training and supporting the staff and the purchase of special materials. To assess the impact of these costs upon a district's budget, one must compare them to a district's current program for pregnant students. In the remainder of this section we will consider not only these two points, but also provisions in the New Jersey law for the

reimbursement to school districts of a portion of the program's costs. As a result this section will be directed primarily to New Jersey educators.

In the 1972-73 school year EDUCATIONAL SERVICES FOR SCHOOLAGE PARENTS served fifty-nine students. The staff for this program and their salaries are listed below. Through the provisions of the Beadleston Act fifty percent of these costs may be reimbursed by the state to the district.

Position	Percentage of full time	Salary	
Director of Pupil Personnel Services	20%	$ 4,600	
Special Education Nurse	75%	9,000	
Homemaking Specialist	100%	13,000	
Home Economist	50%	7,500	
Community Counselor	80%	6,400	
Teachers	Employed on an hourly basis	17,280	- $8 per hour; average of 12 teacher hours per day
Pediatricians	Employed on an hourly basis	1,875	- $25 per hour for 75 hours
Benefits (20%)		11,931	
Total		$71,586	

The food program must also be considered in the cost accounting. In 1972-73 the New Brunswick program spent 89¢ per day for the breakfast and lunch program for each student. Of this amount 86¢ per day (20¢ for breakfast and 66¢ for lunch) were reimbursable. Reimbursement was made by the New Jersey Department of Education, Division of Business and Finance, under the provisions of the "School Breakfast Program" and the "National School Lunch Program." For the reference of New Jersey educators the forms for reimbursement for these food programs will be found in Appendix D.

The following chart will give a breakdown of the total costs for the operation of the program in New Brunswick for fifty-nine students, the per pupil costs, and the expenditures which are reimbursable under the provisions of the Beadleston Act.

Item	Total Cost	Rate of Reimbursement	Amount of Reimbursement	Cost to District
Salaries and Benefits	$71,586	50% under the Beadleston Act	$35,793	$35,793
*Breakfast and Lunch Program	2,630	School Breakfast Program: 20¢ per student per day National School Lunch Program: 66¢ per student per day	2,285	345
Totals:	$74,216		$38,078	$36,138
Totals per Pupil	1,258		645	613

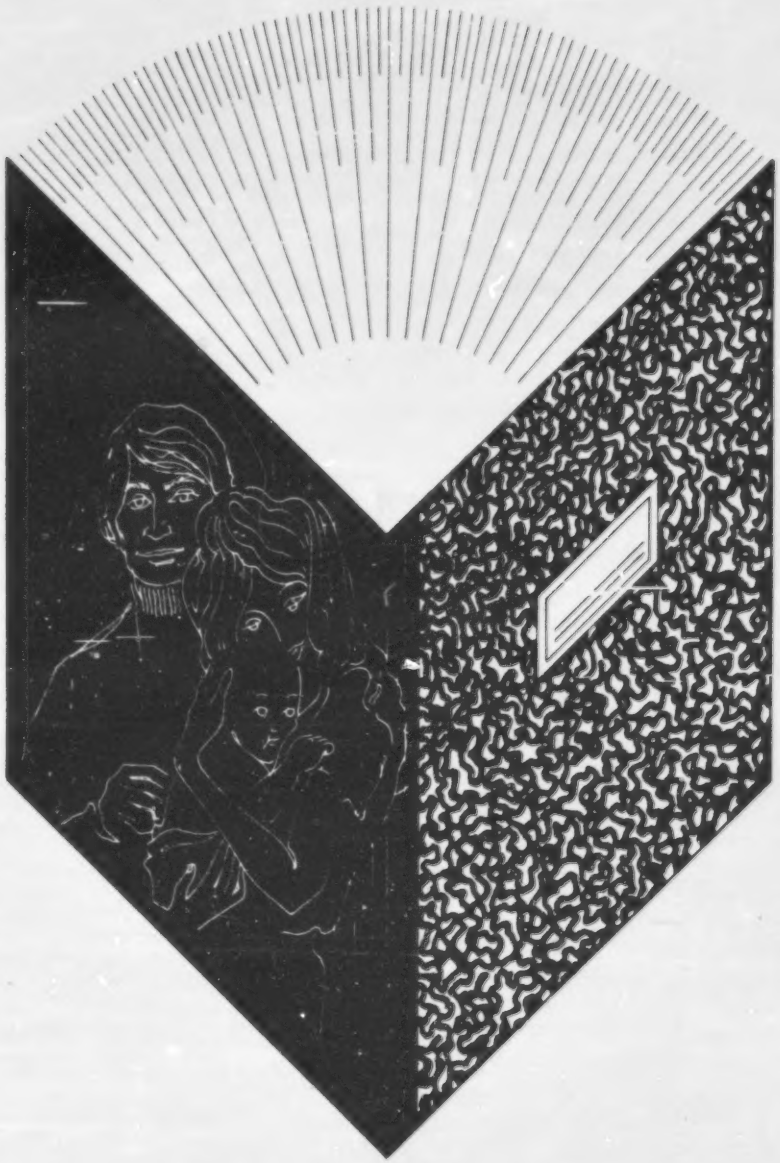
*It should be pointed out that the program receives several hundred dollars annually in government surplus food.

To install this program, one week of preparation in the summer should be provided for the staff (i.e. Director of Pupil Personnel Services, Nurse, Community Counselor, Home Economist, Homemaking Specialist, and teachers). If an adopter district must pay special stipends for this week of preparation, the cost will probably be between $800 and $1,000.

In addition, a school district will have to purchase the special materials required by the program. These are specified in the preceding section and include cribs, playpen, dressing table, and medical diagnostic equipment.

To decide from the standpoint of cost whether this program justifies the expense, the staff of a potential consumer district must compare its costs to current expenditures for the education of pregnant students and the benefits from

this program to those of the current one. A complete cost accounting would thus include the value of maintaining the students in the mainstream of education and the program's contribution to the birth of healthier infants. As a result the students and their offspring are less likely to seek public assistance than would otherwise be the case. The educational prognosis of the babies is far better since most are of normal birth weight. They are less likely to require remedial help or special education when they reach schoolage. These aspects of the situation are not only important in human terms, but represent a real saving for the taxpayer that should be recognized.



Appendix A

References and Materials used in Family Life Education Courses

INSTRUCTIONAL MATERIAL

for Family Life Education

REFERENCES FOR THE TEACHER:

1. American Gas Association, Inc., The New Gas Cook Book, Milliken Publishing Co., c 1961.

2. Beard, James, Aaron, Sam, How to Eat Better for Less Money, Simon & Schuster, c 1970 rev. ed.

3. Better Homes and Gardens, So Good with Fruit, Meredith Publishing Co., 1967.

4. Campbell Soup Company, Easy Ways to Delicious Meals.

5. Dyes, Ceil, The Plan Ahead Cookbook, Macmillan Co., c 1969.

6. Eppright, Ercel, Pattison, Mattie and Barbour, Helen, Teaching Nutrition, The Iowa State University Press, 1963, second edition.

7. Farm Journal Inc., Complete Pie Cookbook, Doubleday & Co., Inc., 1965.

8. Food Editors of Farm Journal, Homemade Bread, Farm Journal Inc., 1969.

9. Happel, Margaret and Harrington, Elsa, Ladies' Home Journal Handbook of Holiday Cuisine, Downe Publishing, Inc., 1970.

10. Harris, Jessie W., and Sperr, E. Lacey, Everyday Foods, Houghton Mifflin Co., 1941.

11. Home Institute of New York Herald Tribune, America's Cook Book, Charles Scribner's Sons, 1937.

12. Jeffries, Bob, Soul Food Cook Book, Bobbs, Merrill Co., Inc., 1969.

13. Krauss, Marie V., Food, Nutrition and Diet Therapy, W. B. Saunders Co., 1961, third edition.

14. Lobel, M. and Sons, Meat, Hawthorn, 1971.

15. Lowenberg, Miriam E., Todhunter, E. Neige, Wilson, Eva D., Feeney, Moira C., and Jane R. Savage, Food and Man, John Wiley & Sons, Inc., 1968.

16. Macpherson, John, The Mystery Chef's Own Cook Book, Longman, Green & Co., 1934.

17. McDermott, Irene and Nicholas, Florence, Homemaking for Teenagers, Charles A. Bennett Co., Inc., 1970, sixth edition.

18. Metropolitan Life Insurance Co., Metropolitan Cook Book, 1964.

19. Payton, Alice B., Practical Nutrition, J. B. Lippincott, 1962, second edition.

20. Raines, Margaret, Managing Livingtime, Charles A. Bennett Co., Inc., 1966.

21. Ross, Elaine, Low Calorie Menus for Entertaining, Hastings House, 1970.

22. The Gas Cook Book, Milliken Publishing Co., 1958.

PAMPHLETS FOR THE STUDENTS:

1. How to Buy Poultry, Consumer and Marketing Service, Home and Garden Bulletin No. 157, July 1968.

2. Project Head Start Leader's Handbook for a Nutrition and Food Course, Pauline Murrah, Office of Economic Opportunity, Washington, D.C., 1967.

3. Food for Your Family, published by the Adult Ed. Resource Center, Montclair State College.

4. Poultry in Family Meals, Home and Garden Bulletin No. 110, U.S.D.A., March 1966.

5. Eggs in Family Meals, Home and Gardens Bulletin No. 103, U.S.D.A., 1967.

6. A Guide to Budgeting for the Family, Home and Garden Bulletin No. 108, U.S.D.A., 1965.

7. Know the Eggs You Buy, U.S.D.A. Production and Marketing Admin., June 1949.

8. Budget Saving Recipes, Quaker Oats Co., Chicago, Ill., June 1969.

9. Nutrition Food at Work for You, Consumer Service of U.S.D.A., Dec. 1971.

10. Facts about Foods, H. J. Heinz Co., c 1968 H. J. Heinz Co.

11. Food for Your Family, Dept. of Home Economics Services, Kellogg Co.

12. Food for Fitness, Bulletin No. 424, U.S.D.A., April 1964.

13. Meals with Tot Appeal, U.S.D.A. Rutgers University (leaflet 474), 1972.

14. Making Mealtime Happy Times, U.S.D.A. Rutgers University (leaflet 470), 1972.

15. Choose Your Calories Wisely, Dept. of Home Economics Service, Kellogg Co., 1971.

16. A Guide to Daily Meal Planning, U.S.D.A., 1964.

17. Dry Peas, Easy to Cook, Are Good Protein Source, Fashion in Food, The Home News, New Brunswick, N.J., Wednesday, Jan. 5, 1972.

18. Lentils, Old-World Food Used in Modern Menus, The Home News, New Brunswick, N. J., 1971.

19. Everyone Needs Calcium, The Home News, New Brunswick, N.J., 1971.

20. Proper Meaning of Diet, (L. Sine), The Home News, New Brunswick, N.J., 1971.

21. Right Approach is Needed, (L. Sine), The Home News, New Brunswick, N. J., 1971.

22. Nutrition Program News, Sept., Oct. 1971.

23. Great Recipes - All Easy to Freeze Ahead, March 1971.

24. The In-way to Meal Making, Home Economist at Campbell's Test Kitchens, 1969.

25. Foods for Growing Boys and Girls, Dept. of Home Economics Services, Kellogg Co., 1968.

26. Smart Shopper, U.S.D.A., Ams 541-1.

27. Plentiful Foods, U.S.D.A., May 1972, PF 518A.

28. Dairy Council Digest, Vol. 43, no. 1, Jan., Feb. 1972.

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35. " " " " " 1405.

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41. Changing Food Habits, Ex. Bulletin 613, Home & Family Series, June 1968.

42. Consumer Reports, May 1972.

43. Planning Meals and Shopping, Ann A. Weaver, c 1970 Fearon Publisher, Fear Sreglin Inc., Ed. Dis.

44. The Wonder of You, c 1961, American Institute of Baking.

45. Calorie Counter, Upjohn 1966, The Upjohn Co. M-6677.

46. Money-Saving Main Dishes, U.S.D.A., Home & Garden Bulletin No. 43, 1970.

47. Getting Enough Milk, U.S.D.A., Home & Garden Bulletin No. 57, 1967.

48. The Riches of New Jersey, PSEG, 1971.

49. Food for You and Your Family, General Foods Corporation, 4th ed. 1968.

50. Hamburger - Umpteen Different Ways, c 1966 Hunt-Wesson Kitchen.

51. Facts for Consumers' Food Standards, Food and Drug Administration, Publication #8, 1961.

52. Managing Your Money - A Family Plan, U.S.D.A., 1964.

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Appendix B

References and Materials used in the Maternal and Child Health Course

INSTRUCTIONAL MATERIALS

for

MATERNAL AND CHILD HEALTH PROGRAM

BOOKS FOR THE TEACHER

1. Brandner, R.N., B.S., Childbirth Education Instructor's Manual, Bellevue, Washington, The International Childbirth Education Association, 1969.

2. Clark, Ann L., Leadership Technique in Expectant Parent Education, Springer Publishing Company, Inc., New York, 1962.

3. Demarest, Robert J., Sciarra, John J., M.D., Ph.D., Conception, Birth and Contraception, New York, McGraw Hill, 1969. 129 pp. $8.95.

4. Fitzhugh, Mabel Lum, Preparation for Childbirth, Bellevue, Washington, International Childbirth Education Association, 1963.

5. International Childbirth Education Association, ICEA Film and Record Directory, Bellevue, Washington, International Childbirth Education Association Supplies Center, 1969.

6. Maternity Center Association, A Baby is Born, New York, Grossett and Dunlap, 1964, 64 pp. $3.95.

7. Maternity Center Association, Planning Parents' Classes, Maternity Center Association, New York.

FILMS FOR USE IN CLASS

1. After You Go Home, Eli Lilly, P.O. Box 618, Indianapolis, Indiana 46206. Sound-color, 5 minutes. Instructions for the new mother in her personal care during the first six weeks following delivery.

2. The Phenomena of Early Development, Ross Laboratories, Columbus, Ohio 43216. Black and white, sound, 13 minutes. The film details by three-month increments, normal growth and development of an infant during the first year of life.

3. Baths and Babies, Johnson and Johnson, New Brunswick, N.J. 08903, no fee. Color-sound, 17½ minutes. Designed to help new mothers learn how to bathe their newborn babies.

4. Preparing a Baby's Formula, National Health Films, Box 13973, Station K, Atlanta, Georgia 30324. Filmstrip on slides. A step-by-step demonstration reinforced by a concise narration. Shows both the equipment necessary as well as the actual procedure for the terminal sterilization method of formula preparation.

5. Infant Feeding, Audio-Visual School Service, P.O. Box 873, New York, N.Y. 10023. Color filmstrip. An educational service of Playtex Nurser. Designed to show how various factors involved in infant feeding can affect the baby's development.

6. Infant Feeding, Audio-Visual Utilization Center, Wayne State University, Detroit, Michigan 48202. Color-sound, 22 minutes. Baby feeding is directed to expectant parents and parents with a newborn baby. Its purpose is to teach young parents normal variations of infant feeding, the most common problem area for the new parent.

7. To Plan Your Family, Churchill Films, 662 North Robertson Boulevard, Los Angeles, California 90069. Color-sound. The body of the film uses animation to explain in simple terms the reproductive organs of the female, the process of fertilization by the male, and the beginning of growth of the baby in the uterus. The film then surveys the various methods of preventing conception.

8. Happy Family Planning, Wyeth Film Library, Wyeth Laboratories, 43 West 61st Street, New York, N.Y. 10023. Color-sound, 8 minutes. The film, which presents its story in graphic devices and requires no dialogue, features various contraceptive devices which are identified in five languages: English, Spanish, French, Arabic and Chinese.

9. The Rh Negative Mother, Eli Lilly and Company, P.O. Box 618, Indianapolis, Indiana 46206. Color-sound, 5 minutes. An explanation of Rh in lay terms by narration, diagrams and animation.

10. The Story of Menstruation, Life Cycle Center, Kimberly-Clark Corporation, Neenah, Wisconsin 54956, an animated film by Walt Disney Productions, 10 min., 16 mm sound and color. Free on short-term loan.

11. Generation to Generation, McGraw Hill Text Films, 330 West 42nd St., New York 36, N.Y. Color-sound. Illustrates the basic facts of human reproduction, showing childbirth as an emotional and spiritual experience as well as a physical one. By means of skillful animation, the creation and development of a new life are shown.

12. Have a Healthy Baby, Churchill Films, 662 North Robertson Boulevard, Los Angeles, California 90069. Color-sound. Using animation, the film details the important stages of growth of the human embryo from conception to birth. There is major emphasis on the precise and remarkable development of organs during the first three months.

13. Human Heredity, Henk Newerhouse, 1825 Willow Road, Northfield, Illinois 60093. Sound-color, 21 minutes. The film is designed to present basic concepts and information about the similarities and differences that exist among human beings and also to foster a respect and understanding of life itself, in all its forms.

14. Biography of the Unborn, Encyclopedia Britannica Educational Corporation, 425 Michigan Avenue, Chicago, Illinois 60611. Designed to show by animation, live photography and x-ray the development of life in utero, including outside effects such as alcohol and disease.

15. Eating for Two, Audio-Visual Instruction, University of Wisconsin, Box 2093, Madison, Wisconsin 53701. Color-sound. Designed primarily for negro families with an all-black cast. Considers budgeting and proper nutrition during pregnancy.

16. Maternal-Child Nutrition, Part II Your Baby's Food, National Health Films, P.O. Box 13973, Station K, Atlanta, Georgia 30324. Filmstrip on slides. No fee. The film places emphasis on the importance of a baby's receiving a nutritionally sound diet. Also included is a brief discussion of the importance of psychological aspects of the baby's feeding. Booklets also available.

17. Life before Birth, Part I, 51 frames; Part II, 53 frames. Amazing color photographs by Swedish photographer Lennaer Nilsson, originally appearing in Life Magazine. Color filmstrips. Original article text with teaching aids available from Life Educational Reprints at $4.00 for ten. Purchase from Life Filmstrips, Time and Life Building, Rockefeller Center, New York 10020. $6.00 each.

INSTRUCTIONAL MATERIAL

VISUAL CHARTS FOR USE IN CLASS:

1. Life Cycle Center, Menstrual Physiology Chart, Neenah, Wisconsin: Kimberly Clark Corporation, 1968. Free.

2. Maternity Center Association, Birth Atlas, New York: Maternity Center Association, 1970. $10.00.

3. Mead Johnson, Preparing a Baby's Formula, Evansville, Indiana: Mead Johnson Laboratories, 1971. Free.

4. Ross Laboratories, Nursing Education Aids. Columbus, Ohio: Ross Laboratories, A Series of charts available. Free.

MATERIALS FOR THE STUDENT:

"A Healthy Mother and a Healthy Baby"
"Feeding for a Healthy Baby"
"How to Fix Your Baby's Formula"
"So You Think You Are Going to Have a Baby"
"There Will Be a New Baby at Your House"
"Your Baby is Coming Soon"

(The above 3 or 4 page pamphlets are available free from Ross Laboratories)

"When Baby Is Ill..."
"Babies' Eating and Sleeping Habits"
"A Safer World for Babies and Toddlers"
"Keeping Baby Clean"
"How to Bathe a Baby and How a Baby Grows" - A dual chart with pictures and descriptions.

(The above descriptive booklets are available free from Johnson and Johnson, New Brunswick, N.J. 08903)

"Before and After Having Your Baby"
"Names for Boys and Girls"
"Useful Facts for the Father-To-Be"

(The above informative and quite detailed booklets are available free from Mead Johnson and Company, Evansville, Indiana 47721)

Feeding Little Folks, available free from National Dairy Council, Chicago, Illinois 60606

A Woman's Guide to Postponing or Preventing Pregnancy, a book prepared and published by Ortho Pharmaceutical Corporation, Raritan, N.J. 08869, available free. Material is limited to medical facts and presented in an unprejudiced manner.

Accidents and Children, for sale by Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Price 15 cents.

Adventure to Motherhood, J. Allan Offen, M.D., Simon and Schuster, New York, 1960. Price $1.50.

INSTRUCTIONAL MATERIAL (continued)

The following materials are available free through the Local Chapter, March of Dimes, or by contacting:

Mrs. Anna Fencher
Executive Director
Middlesex Chapter
National Foundation March of Dimes
Parlin, New Jersey

1. "Are You His/Her Type?" Leaflet
2. Be Good to Your Baby Before It Is Born. Set of 24 color slides, script and 33 1/3 rpm record
3. "Be Good to Your Baby Before It Is Born." Leaflet
4. "Birth Defects--Causes, Incidence, Prevention, Treatment." Leaflet
5. "Drugs and Birth Defects" (LSD). Flyer
6. More Than Love. Filmstrip, script, reference manual and 33 1/3 rpm record
7. "Protect Mommies from German Measles." Poster
8. "Rubella Robs the Cradle." Folder
9. "Seven Tips from the Under-Thirty Crowd." Flyer
10. Straight Talk about Pregnancy. Color slides, script and 33 1/3 rpm record
11. "To Know and to Care." Folder
12. "Travel Time--9 Months." Leaflet

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Appendix C

Forms used for Student Entry and Departure from the Program

1. Student Questionnaire (used on entry)
2. Medical Pre- and Post-Questionnaire
3. Marking Sheet and Record for Instruction
4. Parental Consent - Hospital Maternity Tours
5. Parental Consent - Blood Study Samples
6. Infant Evaluation (completed by consulting pediatrician)
7. Doctor's Certification - Return to School
8. Student Inventory and Statistical Sheet
9. Parental Evaluation

NEW BRUNSWICK PUBLIC SCHOOLS
FAMILY LEARNING CENTER

STUDENT QUESTIONNAIRE

Name _____ Birth Date _____

Address _____ Phone _____

Parents _____ Grade _____

Date of Enrollment _____ Brothers _____

Expected Date of Delivery _____ Sisters _____

Hospital _____ Doctor _____

Date of Baby's Birth _____ Name _____ Weight _____

Date of Return to Family Learning Center _____

Date of Return to Former School _____

Where are you taking your baby for Health Care? _____

_____

Subjects Taken at Former School _____

_____

_____

_____

Subjects Taken at Family Learning Center _____

_____

_____

_____

Your comments are requested _____

_____

_____

Completed by program staff upon student's entry into the program.

NEW BRUNSWICK PUBLIC SCHOOLS
FAMILY LEARNING CENTER

MEDICAL PRE AND POST QUESTIONNAIRE

1. Define the menstrual cycle. _____

_____

_____

2. How is a baby made? _____

_____

3. Name the female sex parts you know. _____

4. Name the male sex parts you know. _____

5. What is V.D., and how does one contact it? _____

_____

_____

6. Where in your body is your baby? _____

7. How soon after you think you are pregnant should you go to a doctor?

_____

8. What foods should you eat every day to provide proper nourishment for you and your unborn baby? _____

_____

9. Are all harmful habits in a mother prevented from reaching her baby?

_____

_____

10. What are some of the birth control methods that you know? _____

_____

_____

Basic pre and post test for the course in Maternal and Child Health.

NEW BRUNSWICK PUBLIC SCHOOLS
FAMILY LEARNING CENTER

MARKING SHEET AND RECORD FOR INSTRUCTION

September 19__ - June 19__

Name _____ Birth Date _____

Home Room _____ Grade _____ Date of Instruction:

Address _____ Notified _____

Parent _____ Began _____

Phone _____ Completed _____

School _____ Still In Progress _____

Due Back _____

Subject (Grade Level)	Scheduled Teacher	F.L.C. Teacher	1st M.P.	2nd M.P.	1st Sem Avg	3rd M.P.	4th M.P.	2nd Sem Avg	Final Grade

Records picked up by _____ Date _____

Comments:

Records recorded on cumulative by _____ Date _____

Record sent to the student's counselor when student returns to regular classes.

NEW BRUNSWICK PUBLIC SCHOOLS
FAMILY LEARNING CENTER

Dear Parent:

A tour of the Maternity Department at St. Peter's Hospital will be conducted on _____.

This is another very important phase in preparing our girls for parenthood.

Please sign and return the bottom of this paper giving permission for your daughter to be taken to and from the hospital.

Sincerely yours,

_____

Date_____

I give permission for my daughter _____ _____ to be taken to and from St. Peter's Hospital for a tour of the Maternity Department on _____.

Child's name _____

Address _____

_____

Parent or Guardian Signature:

_____

Parental Release Form for student's tour of hospital maternity facilities.

FAMILY LEARNING CENTER CONSENT FORM

Dear Parent:

During the coming months, the Family Learning Center will be able to offer as part of its services an additional program which will be aimed at better evaluating the health of the girls attending the clinic.

This program requires taking blood samples from the vein twice during the pregnancy, once upon registration at the Center, and once close to the time of delivery, for determining the nutritional status of the young mother. In addition, an evaluation of her diet will be made by a professional nutritionist. We hope that you will consent to having your daughter participate in this program as we believe that it will help us to provide better dietary instruction and health care for her and for the baby.

Sincerely,

Family Learning Center

Dr. Christian Hansen or Dr. Ruth Ellen Steinman has my permission to obtain a blood sample from my daughter (ward)_____.

Signature _____
Parent or Guardian

Address _____

Phone _____

Date _____

Witness: _____

Parental Release Form for student's participation in nutrition study.

NEW BRUNSWICK PUBLIC SCHOOLS
FAMILY LEARNING CENTER

INFANT EVALUATION

Date_____

Name of Infant_____ Name of Mother_____

Date of Birth_____ Sex_____

Weight at Birth_____ Height_____

Weight at time of Discharge from Hospital_____

Present Weight_____ Present Height_____

Present Formula_____

Size of Head_____ Size of Chest_____

Heart_____ Lungs_____

Abdomen_____ Genitalia_____

Comments:

_____
Signature of Physician

Health Facility which Baby
is attending:_____

Completed by program pediatrician upon examination of infant.

NEW BRUNSWICK PUBLIC SCHOOLS

DEPARTMENT OF SPECIAL SERVICES

Dear Doctor:

Please complete the bottom of this form at the time of your patient's post partum check-up. A physician's statement is required for re-admittance to public school.

Thank you,

Department of Special Services
247-2600 Extension 208

To Whom It May Concern:

I have examined _____ on _____ and have found her able to return to public school and resume full activity including physical education.

_____
Signature

_____
Address

Doctor's consent for student's return to school.

NEW BRUNSWICK PUBLIC SCHOOLS
FAMILY LEARNING CENTER

STUDENT INVENTORY STATISTICAL SHEET

Name Address Phone	Age B.D.	Grade	Ethnic Group	Date Student Entered Program	Date of Infant Birth Sex M - F	Date Student Left Program	Date Returned to School. If not Returned, Summarize. (Work, home problems, etc.)	Marital Status	Spec. Services Type & Date of service	School Performance Summary Before - During - After (Marks-attendance-attitude)

Cumulative record of students maintained by the program staff.

NEW BRUNSWICK PUBLIC SCHOOLS
FAMILY LEARNING CENTER

PARENTAL EVALUATION

Name_____

Address_____

Name of Daughter_____

Age_____

Comments about Program at the Family Learning Center:

Evaluation of the program by parents of participants as students leave the program.

Appendix D

Forms used for Reimbursement of Expenditures for Breakfast and Lunch Programs

NJDE 603-1 (REV. 8-72)

STATE OF NEW JERSEY – DEPARTMENT OF EDUCATION
Division of Administration and Finance
225 West State Street, Trenton, New Jersey 08625

REIMBURSEMENT CLAIM - - - - SCHOOL BREAKFAST PROGRAM

County _____ Agreement No. _____

District _____ Month & Year _____ 197_____

School _____ L.E.A. Code No. _____

School Address _____ No. of Schools Participating _____

1. Income
   (a) Pupil Breakfasts . . . . . $ _____
   (b) Federal Reimbursement . . _____
   (c) All Other Income . . . . . _____
   (d) Total . . . . . _____
   $ _____

2. Expenses
   (a) Food Purchased. . . . . $ _____
   (b) Labor . . . . . _____
   (c) Other . . . . . _____
   (d) Total $ _____

3. Balance (Item 1d less Item 2d) $ _____
4. Adjustments: _____
   _____
   _____
5. Adjusted Balance $ _____
   (Item 5 must be inserted on Line 6 of the National School Lunch Program Claim for the corresponding month.)

6. No. Days Breakfasts Served _____
7. Average Daily Attendance _____
8. Price of Breakfast to
   Pupils $ _____ Adults $ _____
9. Reimbursement Calculation:
   (a) No. of Paid Breakfasts _____ @ _____ = $ _____
   (b) No. of Reduced Breakfasts _____ @ _____ = $ _____
   (c) No. of Free Breakfasts _____ @ _____ = $ _____
   (d) Total of All Breakfasts _____ _____ = $ _____
   (e) Cost of purchased food <u>used</u> during the month (same as reported on the daily food use record form) _____
10. Av. Daily Pupil Participation (9d ÷ 6) _____
11. % of Participation (10 ÷ 7) _____

DO NOT WRITE IN THIS SPACE – FOR STATE USE ONLY

14. Food Cost Per Breakfast . . . . . $ _____
15. Labor Cost Per Breakfast . . . . . _____
16. Value of USDA Donated Food Per Breakfast . . . . . _____
17. Other Cost Per Breakfast . . . . . _____
18. Computed Total Cost Per Breakfast . . . . . $ _____

NOTE: A COPY OF THIS CLAIM MUST BE KEPT BY SPONSOR

I (we) certify that the above information is true and correct; that the operation of the program(s) was in accordance with the Agreement; that the claim is correct and just, that payment therefore has not been received; and that invoices and other pertinent records are on file to substantiate this claim.

Name _____ By _____
PROGRAM SUPERVISOR SIGNATURE OF SECRETARY OF BOARD OF ED.

School
Telephone No. _____ Ext. _____ Telephone _____ Date _____

CLAIMS MUST BE FILED NOT LATER THAN THE TENTH OF THE MONTH FOLLOWING THE MONTH BEING REPORTED.